

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/869872**

FILING DATE

APPLICANT(S)

		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	
		IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL	IND.	2							
TOTAL	DEP.	13							
TOTAL	CLAIMS	15							

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	IND.					
TOTAL	DEP.					
TOTAL	CLAIMS					

BEST AVAILABLE COPY

MAY BE USED FOR ADDITIONAL CLAIMS OR ADVERTISEMENTS